Delbert Hosemann

SECRETARY OF S	<b>TATE</b>
Candidate  REPORT OF RECEIPTS AND DISBURSEMENTS  2012 Annual Report  Discelly 5  Name of Candidate  Denie   Stephen Au   On 30002  Address P. D. Box 2 Planters villo MS 30002  Secretary of State Capitol Office	Commence of the Commence of th
Office Sought State Ppp Email holland functions  Scorcest Net	
Check here If above is different from previous report  TYPE OF REPORT	
January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012)	ory
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)  Required to termination Reporting obligation	ate
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candide shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this per	
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. C	ode
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the dead falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first wo day before the deadline. Faxed reports are acceptable.	line rking
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
REPORTED CONTRIBOTIONS AND DISCONTRIBUTION Calendar  Itemized + Non-itemized = This Period Year-To-Date	

Total amount of contributions \$ +\$ Total amount of disbursements \$ Total amount of cash on hand examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for countywide and county district offices should return forms to their county Circuit Cierk.

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Name of Candidate or C	Committee	DANIEL	Steph	en	Holland
			through	12-	31-12

# ITEMIZED DISBURSEMENTS

Studio le Extende d	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/10/12	\$ 958.20
Dity, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
3. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	/	\$
City, State, Zip Code •		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate or Committee	DAniel	Stenher	401	ard
Reporting period 6 -01-	12	through /	2-3	1-12

## ITEMIZED DISBURSEMENTS

A. Full name Studio 6 Extended	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	02/10/12	s 958.20
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Theasher Arch Products	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	62/63/12	\$ 246.10
City, State, Zip Code •		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
c. Full name Studio 6 Exterded	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03113112	\$ 960.00
City, State, 2lp Code SA-CLCSON, MS,	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name GOLGE TRUST	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03/20/12	\$ 500.00
City, State, Zip Code  TN.		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name Studio 6 Extended	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	04/10/12	\$ 900.00
City, State, Zip Code  SACK SON MS.	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name  Indiana Dol	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06,06,12	\$ 402.95
City, State, Zip Code Houtington Poeach, CA		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Daniel Stepher Holland

Reporting period 01-01-12 through 12-31-12

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Walnam	(Mo., Day, Year)	disbursement this period
Malling Address	06,17,12	\$ 1,864.64
City, State, Zip Code  LA Me SA  Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name T-15 + AERO DR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06 1 871 12	s 402.00
City, State, Zip Code  SAN Diego CA.  Purpose of Disbursement (Optional)		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name  MARRIOTT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 103 12	\$ 679.60
Charles-ton WV		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Sewah Studios Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08,15,12	\$ 1,920.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Name of Candidate o	or Committee DAM	ILLI SLA	phe	Holland
Reporting period		through	12	-31-12

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	18/10/172	\$ 500.00
Astra Zeneca Mailing Address P.D. BAX 15437		\$
City, State, Zip Code	$\Box$ , $\Box$ , $\Box$	\$
Will mington, DE 19858  Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	58/124/12	\$ 500,00
Mailing Address		\$
Oka Merck DRIVE City, State, ZIP Code White Louse Station, NJ 08885	$\Box$ , $\Box$ , $\Box$	\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Fullname Centaire Mang, Co.	09/28/72	\$ 500.00
Mailing Address  Center Corp.		\$
City, State, Zip Code	$\Box \prime \Box \prime \Box$	\$
Name of Employer (Required)	匚/匚/匚	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fuil name	15/3/1/2	\$ 250.00
Malling Address 2500 LOU Merk DR.		\$
City, State, Zip Code  Fort worst, TX. 76131		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

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Name of Candidate	or Committee Dani	Style	140/1and
Reporting period		_ through	12-31-12
respectively become			_ ^

## ITEMIZED RECEIPTS

Other (please specify)  Other (please specify)  Full name			
Other (please specify)  Full name    Image:   Im	A. Source: Corporation PAC Individual Loan		
Full name   Tell US operating Group   Tell U	Other (please specify)	(Wo., Day, Teat)	this period
Mailing Address    Cocupation (Required)	Full name	11/16/12	\$ [250.0
City, State, Zip Code    Coupation (Required)	Tellus operating Grays		
City, State, Zip Code    Pride   Cand, MS. 39157		<u>                                       </u>	\$
Pidge   and, MS. 39157			
Name of Employer (Required)  Occupation (Required)  Date (Mo., Day, Year)  Other (please specify)  Full name  Golf States Togeta  Mailing Address  I 3 75 Enclave  City, State, Zip Code  Compation (Required)  Other (please specify)  Cocupation (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Course of Corporation PAC Individual Loan Other (Mo., Day, Year)  Mailing Address  I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	\$
Aggregate year-to-date   Start   Sta	, , , , , , , , , , , , , , , , , , ,		A [
Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)	Name of Employer (Required)	<u>'''</u>	\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Golf Stotes Togste, Ac.  Malling Address  [1375 Enclave PKw.]  City, State, Zip Code  Howstow Texon 77677  Name of Employer (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Malling Address  [111/Ke/1/2 \$ 258. 6  Amount of each receipt this period  [12] \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Occupation (Regulred)	Aggregate	\$ [
Other (please specify)  Other (please specify)  Full name  Golf States Togsta, Ac.  Mailing Address  1375 Enclave PKW.  City, State, Zip Code  Houston Texar 77677  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address  11/1/6/1/2 \$ 258. 6  Aggregate year-to-date feecipt this period  Aggregate year-to-date No., Day, Year)  Full name  MS. ASSC For How Carr  Mailing Address  134 Fair most St.  City, State, Zip Code  Cli the MS. 39856  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  11/1/6/1/2 \$ 300.60  Cli the MS. 39856  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Aggregate year-to-date  Aggregate year-to-date  St.  Occupation (Required)  Aggregate year-to-date year-to-date  Amount of each receipt this period		year-to-date	<u>'</u>
Other (please specify)  Other (please specify)  Full name  Gulf States Toyota, Inc.  Mailing Address  I 3 7 5 Enclave Pkw.  City, State, Zip Code  Howston Texar 776 77  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name  MS, A-SSOC For How CAN Mailing Address  I 3 4 FAIR MONT State, Zip Code  CIty, State, Zip Code  City, State, Zip Code  Mailing Address  I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. Source: Corporation PAC Individual Loan	Date	
Full name  Golf States Togeta, Ac.  Mailing Address  13.75 Enclave Pkw.  City, State, Zip Code  Howston Texar 77677  Name of Employer (Required)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Mailing Address  11.116/112 \$ 258.66  Aggregate year-to-date \$ [Individual Loan Date (Mo., Day, Year)]  Full name  MS. Assoc Por How Car [Individual Loan Date (Mo., Day, Year)]  Mailing Address  13.4 Friemort St.  City, State, Zip Code  CLitter MS. 39856  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Anount of each receipt this period  Individual Loan Aggregate year-to-date  Aggregate year-to-date \$ [Individual Loan Date (Mo., Day, Year)]  Aggregate year-to-date \$ [Individual Loan Date (Mo., Day, Year)]			
Colf States Togeth   Individual   Loan   Individual   Indivi			
Mailing Address		11/6/12	\$ 250.6
1375 Exclave   PKW.			
City, State, Zip Code    Houston Texon 77677		<u>                                   </u>	\$
Name of Employer (Required)			
Name of Employer (Required)    Coccupation (Required)		<u> </u>	\$ [
C. Source   Corporation   PAC   Individual   Loan   Date   (Mo., Day, Year)   Table   State			
Year-to-date   Year-to-date   Year-to-date   Year-to-date   Other (please specify)   Date   (Mo., Day, Year)   The period   The perio	Name of Employer (Required)	<u> </u>	\$
C. Source   Corporation   PAC   Individual   Loan   Date receipt this period    Full name	Occupation (Required)	Aggregate	\$ [
Other (please specify)    Date   Mo., Day, Year)   To be period	Oddapator (Noganou)	year-to-date	<b>Y</b>
Other (please specify)  Full name  MS. ASSC FOR HOW CAN  Mailing Address    134 FAirmont St.	C. Source X Corporation PAC Individual Loan	Date	
Full name  MS. ASSOC FOR HOW CAN  Mailing Address  II   IG   IZ \$ 300.6  Mailing Address  III   IG   IZ \$ 300.6  Mailing Addre			
Mailing Address	Other (please specify)!		tins benon
Mailing Address		11/14/12	\$ 300.00
City, State, Zip Code  State  Aggregate year-to-date  Cocupation (Required)  Date (Mo., Day, Year)  Cother (please specify)	11/8: 10: 1/3/22 2/		
City, State, Zip Code    City   State, Zip Code			\$
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Other (please specify)	1741611-5		
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Specifical S			\$
Occupation (Required)  D. Source: Corporation PAC Individual Loan Date  Other (please specify)  Aggregate year-to-date  (Mo., Day, Year)  Amount of each receipt this period		FEE	ф г
D. Source: Corporation PAC Individual Loan Date Other (please specify)  Other (please specify)	Name of Employer (Required)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>\$</b>
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)	Occupation (Required)	Aggregate	\$ [
Other (please specify)  Other (please specify)  Date (Mo., Day, Year)  this period		year-to-date	
Other (please specify) (Mo., Day, Year) this period	D. Source: Corporation PAC Individual Loan	Date	
Other (picase speary);	Other (places appoint)	(Mo., Day, Year)	
Full name   11/16/12 \$ 308.60		11/1/16/1/15	\$ 300.00
Mailing Address	Mailing Address		e -
100 A-bbatt PARK Rd.	100 A-bboth DANK Rd.	<u> </u>	9
City State Zip Code	City State Zip Code		\$
A-bloth PANK, ICC 60064	A-bboth PANK, ICG 60064		<u> </u>
Name of Employer (Required) \$	Name of Employer (Required)		\$
Occupation (Required) Aggregate \$	O	Aggregate	1
Occupation (Required)  Aggregate year-to-date	Occupation (Required)		

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Name of Candidate	or Committee DAniel	Stephen	Holland
l	01-01-12	through	
	ITEMI	ZED R	<b>FCFIPTS</b>

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	11 1 30 12	\$ 250,00
Clack into CASH of MS. The		
Mailing Address	<u> </u>	\$
PO. BOX 550		
City, State, Zip Code		\$
Cleveland, IN. 37364		
Name of Employer (Required) /		\$
Occupation (Regulred)	Aggregate year–to-date	\$
	year-to-date	Amount of each
B. Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	11/1/30/12	\$ 250.00
Concest CORP.		
Mailing Address		\$
1701 3FK Blod.		<u> </u>
City, State, Zip Code		\$
Philadelphia PA 19103		<b>Y</b> ]
Name of Employer (Required)		\$
		Y
Occupation (Required)	Aggregate	\$
	year-to-date	<u></u>
C. Source Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	(,,	this period
Full name.	S/128/ 11	\$ 300.00
Bayor thank CAN LCC		1 300.00
Mailing Address /		\$
444 Pembook DR.		
City, State, Zip Code		\$ [
madison, MS. 39110		• •
Name of Employer (Required)		\$
	<u> </u>	¥ 1
Occupation (Required)	Aggregate	\$
	year-to-date	
D. Source: Corporation PAC Individual Loan	Date	Amount of each
201 - (1)	(Mo., Day, Year)	receipt this period
Other (please specify)		tillo period
Full name		\$
		<u> </u>
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	FEE	
Runo of Employof Modulion		\$
Occupation (Required)	Aggregate	\$
	year-to-date	1